I .	ANDIDATE / OFFICEHOLD FINANCE REPORT	5157	FORM JC/OH COVER SHEET PG 1
The JC/OH Instruction form.	N GUIDE explains how to complete this	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/	TITLE FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	JUDGE GUY	S.	Date Received
	NICKNAME LAST	SUFFIX	
	HERMAN		
4 CANDIDATE/ OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT P. O. BOX 2561 AUSTIN	Y; STATE; ZIP CODE TX 78768	Date Hand-delivered of Date Postmarked
Change of Address			No. of the Contract of the Con
5 CAMPAIGN	TITLE FIRST	ML	7
TREASURER NAME	MARTHA	s.	Receipt # 17127 (Amount
	NICKNAME LAST	SUFFIX	Date Processed (/)
	DICKIE		Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE	#, CITY: STATE:	ZIP CODE
TREASURER ADDRESS (Residence or business)	1100 GUADALUPI.	AUSTIN TX	78701
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(₅₁₂) 476-4873		1
REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year THROUGH	Month Day 14 06 /30	Year / 02
0 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		: ú.
	Month Day Year 11 / 05 / 02 Primary	Runoff X	General Special
1 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if know	n)
	PROBATE JUDGE		(- 취임
3 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures are required to disclose this information only	ures made by others without the can if they receive notification of the dire	didate's prior consent or approval.
EXPENDITURE BY OTHER INDIVIDUALS	Name		
Ī	Address / PO Box; Apt. / Suite #, City; State; Zip C	ode	
C additional			
additional pages		:	
	GO TO PA	GE 2	1 6

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:

FORM JC/OH

14 C/OH NAME				
GUY HE	7RMAN		15AC	COUNT # (Filtrics Commission liters)
16 NOTICE				
FROM POLITICAL	I may have been mat	otice of political expenditures by political committees to sup fe without the candidate's or officeholder's knowledge or con- if they receive notice of such expenditures. ••	oport the candidate sent. Candidates a	/ officeholder. These expenditures and officeholders are required to repor
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
7 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTH S. LOANS, OR GUARANTEES OF LOANS), UNLESS	IER THAN SITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$ 1,925.00
EXPENDITURE TOTALS	3. TOTAL P	OÉITICAL EXPENDITURES OF \$50 OR LESS, UNLE	SS ITEMIZED:	\$
	4. TOTAL	POLITICAL EXPENDITURES		\$ 3,019.68
CONTRIBUTION BALANCE	5. TOTAL PO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF TH REPORTING PERIOD	E LAST DAY	\$ 71,127.85
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS Y OF THE REPORTING PERIOD	AS OF THE	\$
AFFIDAVIT				
OR A STREET OF THE STREET OF T	SOUTH THE SOUTH	true and correct and include under Title 15. Election Co	les all informatio	that the accompanying report is n required to be reported by me
AFFIX NOTARY STAM	IP / SEAL ABOVE	/		the 12th day

Notary Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruct	ON GUIDE explains how to complete this form.		1 Total pages Sch	redule A(J):
2 FILER NAM	1E			thics Commission filers)
GUY HEI	RMAN			and commission mersy
4 Date	5 Full name of contributorout-of-state PAC (ID#:		7 Amount of:	
1/2/02	Darlene Payne Smith	···	contribution (\$)	8 In-kind contribution description(if applicable)
	6 Contributor address; City; State; Zip Code 909 Fannin Ste. 3300 Houston	Tx 77010	100.00	1
9 Contributor's	principal occupation Attorney	10 Contributor's job Attorney	litle	
11 Contributor's Cra	employer/law firm iin, Caton & James	12 Law firm of contril	butor's spouse (if an	у)
13 If contributor i	is a child, law firm of parent(s) (if any)	I		
Date 1/2/02	Full name of contributor Gul-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City: State: Zip Code	in Tx 78731	50.00	
Contributor's p	orlncipal occupation	Contributor's job ti	tle	
	Attorney	Attorney	<u> </u>	
	Self-employed	Law firm of contrib	utor's spous e (if any)
If contributor is	a child, law firm of parent(s) (if any)		1	
Date	Full name of contributorout-of-slate PAC (ID#:)	Amount of	In-kind contribution
1/6/02	Morrie Schulman		contribution:(\$)	description(if applicable)
	Contributor address; City; State; Zip Code	• • • • • • • • • •	: [
ne e	1333 Bonham Terrace Austin Tx	78704	25.00	
Contributor's pr	incipal occupation Unknown	Contributor's job tit	le	
Contributor's er	nployer/law firm	Law firm of contribu	itor's spous e (if any)	
If contributor is:	a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

THE METER	истюм Guide explains how to complete this form.		1 Total pages Sch	nedule A(J):
2 FILER N	AME	*	3 ACCOUNT#(E	thics Commission filers)
	GUY HERMAN			THOS SAFETH SAFET THOSE OF
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of	8 In-kind contribution
1/25/02	A. Boone Almanza		contribution (\$)	description(if applicable
	6 Contributor address; City; State; Zip Code	78701		
	1717 W. 6th St., STe. 230 A		250.00	
9 Centributo	or's principal occupation Attorney	10 Contributor's job		
11 Contributo	r's employer/law firm Akin & Almanza	12 Law firm of contri		у)
13 If contribut	lor is a child, law firm of parent(s) (if any)		:	
Date	Control of Continuous		Amount of contribution (\$)	In-kind contribution description(if applicable)
4/25/02	James Arth		1 0	
4/23/02	Contributor address: City; State; Zip Code 700 Lavaca, Ste. 1150 Austin	ı Tx 78701	500.00	
	Contributor address; City; State, Zip Code	Contributor's job t	title	
Contributor	Contributor address; City; State; Zip Code 700 Lavaca, Ste. 1150 Austin	Contributor's job t)
Contributor	Contributor address; City; State; Zip Code 700 Lavaca, Ste. 1150 Austin s principal occupation Attorney	Contributor's job t	title torney)
Contributor Contributor If contributo	Contributor address; City; State; Zip Code 700 Lavaca, Ste. 1150 Austin 's principal occupation Attorney 's employer/law firm Self-employed	Contributor's job t At Law firm of contrib	title torney butor's spouse (if any	In-kind contribution
Contributor Contributor If contributo	Contributor address; City; State; Zip Code 700 Lavaca, Ste. 1150 Austin 's principal occupation Attorney 's employer/law firm Self-employed or is a child, law firm of parent(s) (if any)	Contributor's job t At Law firm of contrib	title torney butor's spous e (if any	
Contributor Contributor If contributo	Contributor address; City; State; Zip Code 700 Lavaca, Ste. 1150 Austin 's principal occupation Attorney 's employer/law firm Self-employed or is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID#:	Contributor's job t At Law firm of contrib	title torney butor's spouse (if any	In-kind contribution
Contributor Contributor If contributo	Contributor address; City; State; Zip Code 700 Lavaca, Ste. 1150 Austin 's principal occupation Attorney 's employer/law firm Self-employed or is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID#: Doug Brothers Contributor address; City; State; Zip Code	Contributor's job t At Law firm of contrib	title torney butor's spouse (if any	In-kind contribution
Contributor Contributor If contributo Date 6/14/02	Contributor address; City; State; Zip Code 700 Lavaca, Ste. 1150 Austin 's principal occupation Attorney 's employer/law firm Self-employed or is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID#: Doug Brothers Contributor address; City; State; Zip Code 10 Las Brisas Austin Tx	Contributor's job t At Law firm of contrib 78746 Contributor's job ti	Amount of contribution (\$)	In-kind contribution
Contributor Contributor If contributo Date 6/14/02 Contributor's	Contributor address; City; State; Zip Code 700 Lavaca, Ste. 1150 Austin 's principal occupation Attorney 's employer/law firm Self-employed or is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID#: Doug Brothers Contributor address; City; State; Zip Code 10 Las Brisas Austin Tx	Contributor's job to At: Law firm of contrib 78746 Contributor's job to Atto	Amount of contribution (\$)	In-kind contribution description(if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas (Ethics C	Commission P.O. Box 12070 Austin Tex:	as 78711-2070	(54 0) 46	53-5800 1-800-325-85
POLIT	ICAL EXPENDITURES	2010	(512)40	33-5800 1-800-325-850 SCHEDULE F
The Instruc	TION GUIDE explains how to complete this form.	The state of the s	1 Total pages	Schedule F:
2 FILER NAI		***	3 ACCOUNT	5 # (Ethics Commission filers)
4 Date	5 Payee name		1 .	
1/14/02	Texas Bar Foundation		1 Ng 1	7 *Amount (\$)
	6 Payee address; City; State; Zip Coo			
	P. o. Box 12487 Austin T	x 78711-2487		200.00
required.)	ayment (See instructions regarding type of information	9 ··· Complete if di Candidate / Officeholder n		o benefit C/OH •• Iffice sought Office held
Annual g	ırt			
Date	Рауее пате			Amount (\$)
/14/02	Travis . County .Bar .Association Payee address . City; State; Zip Code	n . , , , , ,		(4)
	700 Lavaca Ste. 602 Austin	Tx 78701		115.00
Purpose of parequired.) Annual du	yment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		benefit C/OH •• Tice sought Office held
Date	Payee name			Amount
/14/02	Northwest Austin Kickball Lea Payee address: City; State; Zip Code	gue		(\$)
	P. O. Box 27307 Austin Tx	78755		250.00
Purpose of pay required.) Sponsor	ment (See instructions regarding type of information	Complete if direction Candidate / Officeholder nar		benefit C/OH •• De sought Office held
			2 N	
Date 17/02	Campaign to Re-elect Max Higg: Payee address; City; State; Zip Code	s, Probate Judge	***	Amount (\$)
	500 E. San Antonio Ave., El 1	Paso Tx 7990	01	100.00
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nam		enefit C/OH •• e sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

. 02.	TICAL EXPENDITURES			SCHEDULE !
The Instruc	TION GUIDE explains how to complete this form.		1 Total pages	_
FILER NA	ME H ERMAN		3 ACCOUNT #	5 (Ethics Commission filers)
Date	5 Payee name			7 Amount
2/21/02	Office Depot	· · · · · · · · · · · · · · · · · · ·		(\$)
	6 Payee address; City: State; Zip Code 2101 South Lamar Austi		1	
	Aust.	in Tx 78704	e41	27.0 5
required.)	ayment (See instructions regarding type of information	9 Complete if Carididate / Officeholde	direct expenditure to	benefit C/OH ·· ice sought Office hei
Purchas	e of copier paper		!	
Date	Payee name			
/22/02	Postmaster		1 . 3	Amount (\$)
	Payee address; City; State; Zip Code			
	Austin Tx Downtown Station	Austin	78701	38.00
required.)	yment (See instructions regarding type of information	•• Complete if of Candidate / Officeholder	direct expenditure to a	
required.)	yment (See instructions regarding type of information	•• Complete if of Candidate / Officeholder	direct expenditure to a	
required.)		•• Complete if o	name , 🐪 Offic	e sought Office held
Box 1	rental	•• Complete if de Candidate / Officeholder	name Offi	
Box 1	Payee name Internal Revenue Service	Complete if a Candidate / Officeholder	name Offi	e sought Office held
Box 1 Date 26/02 Purpose of pay required.)	Payee name Internal Revenue Service Payee address; City; State; Zip Code	Candidate / Officeholder	rect expenditure to b	Amount (\$)
Box 1 Date 26/02 Purpose of pay required.) Cile 1120 Date	Payee name Internal Revenue Service Payee address; City; State; Zip Code Austin Tx Tament (See instructions regarding type of information POL for 2001 Payee name	78701	rect expenditure to b	Amount (\$) 2.75
Box 1 Date 26/02 Purpose of payrequired.)	Payee name Internal Revenue Service Payee address; City; State; Zip Code Austin Tx Tx Tx The payee instructions regarding type of information POL for 2001 Payee name Travis County Democratic Party	78701	rect expenditure to b	Amount (\$) 2.75 enefit C/OH ·· Office held
Box 1 Date 26/02 Purpose of pay required.) Cile 1120 Date	Payee name Internal Revenue Service Payee address; City; State; Zip Code Austin Tx Tament (See instructions regarding type of information POL for 2001 Payee name	78701	rect expenditure to b	Amount (\$) 2.75 enefit C/OH ·· Office held
Box 1 Date 26/02 Purpose of pay required.) Cile 1120 Date 8/02	Payee name Internal Revenue Service Payee address; City; State; Zip Code Austin Tx Tx Type of information POL for 2001 Payee name Travis County Democratic Party Payee address; City; State; Zip Code	78701 Complete if d Candidate / Officeholder i	rect expenditure to b	Amount (\$) Amount (\$) Amount (\$) Amount (\$)

POLIT	TICAL EXPENDITURES			SCHEDULE F
	4.4	W-1-11	: : : : : :	
The Instruc	TION GUIDE explains how to complete this form.		1 Total pages	Schedule F:
2 FILERNA	ME CUY HERMAN		3 ACCOUNT #	# (Ethics Commission filers)
4 Date	5 Payee name		<u> </u>	7 Amount
4/8/02	Travis County Democratic Par	rty		(\$)
	6 Payee address; City; State; Zip Cod	e		
	P. O. Box 684263 Austin	Tx 78768		250.00
8 Purpose of p required.)	ayment (See instructions regarding type of information	9 · · · Complete if dir Candidate / Officeholder n	ect expenditure to	b benefit C/OH •• ffice sought Office held
D	onation		* · · · · · · · · · · · · · · · · · · ·	
Date	Payee name		- 12]	Amount
4/17/02	Citizens for a Travis County	Hospital Distric	et	(\$)
	Payee address; City; State; Zip Code			
	P. O. Box 300041	Austin Tx 787	703	250.00
Purpose of pa	I syment (See instructions regarding type of information	· Complete if dire	ect expenditure to	benefit C/OH ··
required.) Donat j	ion	Candidate / Officeholder na		ice sought Office held
			- 2 2 2	
Date	Payee name			Amount
4/30/02	Cinco de Mayo Committee		41	(\$)
	Payee address; City; State; Zip Code		78767	
	% Commissioner Margaret Gomez	Box 1748 Austin		25.00
				25.00
Purpose of pay	yment (See instructions regarding type of information	·· Complete if direct	ct expenditure to b	nenefit C/OH ••
required.)		Candidate / Officeholder nar		e sought Office held
Donatio	n			
Date	Payee name			Amount
/30/02	VLS Volunteer Legal Payee address; City; State; Zip Code	Services		(\$)
	% Judge Suzanne Covington 10	IOO Guadaluna Assas	78701	100.00
	o	oo duada.tupe Aust	-10 1X	100.00
Purpose of pay required.)	ment (See instructions regarding type of information	· Complete if direc		
Donation	"Volunteer Event"	Candidate / Officeholder nam	ne Office	e sought Office held
			1	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED	

Payee name 6/5/02 Payee address; City; State; Zip Code 314 West 11th St., STe 510 Austin, Tx 78701 Amount (\$) Amount (\$) Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought

Office held

Donation

exas Ethics Commission P.O. Box 12070 Austin, Texa	as 78711-2070	(512) 463-5800	D 1-800-325-
POLITICAL EXPENDITURES		S	CHEDULE F
The Instruction Guide explains how to complete this form.		1 Total pages Schedule	⊋F:
FILER NAME	<u> </u>	3 ACCOUNT # (Ethics C	Name in the state of the state
GUY HERMAN		ACCOUNT # (Emics E	ommission tilers)
Date 5 Payee name		7	Amount
6/5/02 Judicial Section, State Bar	of Texas	1	(\$)
6 Payee address; City; State; Zip Cod	le		
1414 Colorado Ste. 502	Austin, Tx 7870	1	30.00
Purpose of payment (See instructions regarding type of information required.) [embership dues Judicial Section]	9 •• Complete if dir Candidate / Officeholder na	ect expenditure to benefit ame Office sough	
Date Payee name			Amount
5/02 OfficeMax #377			(\$)
Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • •	· · · · · ·	
907 West 5th St. Austin, Tx			62.64
Purpose of payment (See instructions regarding type of information	Correlate V		
requirea.)	Candidate / Officeholder nar	chexpenditure to benefit C meOffice sought	Office held
Purchase binders for project		1 2	
Citizens for a Travis County Hospital Di	strict		
Date Payee name			Amount (\$)
Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
Purpose of payment (See instructions regarding type of information equired.)	•• Complete if direct	t expenditure to benefit C/	OH ••
	Candidate / Officeholder nam	e Office sought	Office held
Date Payee name			Amount
Payee address; City: State; Zip Code	************		(\$)
urpose of payment (See instructions regarding type of information quired.)	•• Complete if direct Candidate / Officeholder пате	expenditure to benefit C/C Office sought	Office held
ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED	

71.			
		1 Total pages th	is Schedule G 1
2 FILERNA	GUY HERMAN	3 ACCOUNT#	(Ethics Commission filers)
1 Date 1/14/02	5 Payee name . Guy. Herman 6 Payee address; City; State; Zip Code		8 Amount (\$)
	P. O. Box 1748, Austin Tx 78767		66.13
D	7 Purpose of expenditure Travel to San Antonio for swearing in ceremo colleague. Mileage plus parking	ony for	Reimbursement from political contribution intended
Date /30/02	Payee name Guy Herman Payee address; City: State; Zip Code		Amount (\$)
	P. o. Box 1748, Austin Tx 78767		320.14
	Purpose of expenditure Food trays for office party		Reimbursement from political contributions intended
Date /30/02	Payee name Guy Herman Payee address; City; State; Zip Code		Amount (\$)
	P. o. Box 1748 Austin Tx 78767 Purpose of expenditure		32.97
Date	Lunch for Dr. Moy from Austin State Hospital	79:9 9	Reimbursement from political contributions intended
Date	Payee name Payee address: City; State; Zip Code		Amount (\$)
	Purpose of expenditure	· · ·	Reimbursement from political contributions intended
Date	Payee name Payee address; City; Stale; Zip Code		Amount (\$)
	Purpose of expenditure		Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEI		